

BEST AVAILABLE COPY

FORM PTO-875 (REV. 1-86)	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">356740</div>	FILING DATE <div style="font-size: 1.5em; font-family: cursive;">5-25-89</div>
<b>PATENT APPLICATION FEE DETERMINATION RECORD</b>		APPLICANT (FIRST NAMED): <div style="font-size: 1.5em; font-family: cursive;">Polan</div>	

### CLAIMS AS FILED - PART I

FOR	NO FILED	NO EXTRA
BASIC FEE		
TOTAL CLAIMS	13	20
INDEP CLAIMS	5	2
MULTIPLE DEPENDENT CLAIM PRESENT		

#### SMALL ENTITY

RATE	FEE
	\$ 185
x 6	\$
x 18	\$ 36
60	\$ 60
<b>TOTAL</b>	<b>\$ 281</b>

#### OTHER THAN A SMALL ENTITY

RATE	FEE
	\$ 370
x 12	\$
x 36	\$
120	\$
<b>TOTAL</b>	<b>\$</b>

\* If the difference in Col. 1 is less than zero, enter 0 in Col. 2

### CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NO PREVIOUSLY PAID FOR	MINUS	PRESENT EXTRA
	TOTAL		13		20
	INDEP		5		5
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

#### SMALL ENTITY

RATE	ADDIT. FEE
	\$
x 6	\$
x 18	\$
60	\$
<b>TOTAL ADDIT. FEE</b>	<b>\$</b>

#### OTHER THAN A SMALL ENTITY

RATE	ADDIT. FEE
	\$
x 12	\$
x 36	\$
120	\$
<b>TOTAL</b>	<b>\$</b>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NO PREVIOUSLY PAID FOR	MINUS	PRESENT EXTRA
	TOTAL				
	INDEP				
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

RATE	ADDIT. FEE
	\$
x 6	\$
x 18	\$
60	\$
<b>TOTAL ADDIT. FEE</b>	<b>\$</b>

RATE	ADDIT. FEE
	\$
x 12	\$
x 36	\$
120	\$
<b>TOTAL</b>	<b>\$</b>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NO PREVIOUSLY PAID FOR	MINUS	PRESENT EXTRA
	TOTAL				
	INDEP				
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

RATE	ADDIT. FEE
	\$
x 6	\$
x 18	\$
60	\$
<b>TOTAL ADDIT. FEE</b>	<b>\$</b>

RATE	ADDIT. FEE
	\$
x 12	\$
x 18	\$
60	\$
<b>TOTAL</b>	<b>\$</b>

\* If the entry in Col. 1 is less than the entry in Col. 2, enter "0" in Col. 3  
 \*\* If the highest No. Previously Paid For in THIS SPACE is less than 20, enter "20"  
 \*\*\* If the highest No. Previously Paid For in THIS SPACE is less than 3, enter "3"  
 The highest No. Previously Paid For (Total or ) is the highest number found in the appropriate box in Col.